MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51		(1)				
2		/						52						
3		/.						53		/				
4		/						54		/				
5		/						55		/				
6		/						56		/				
7		/						57		/				
8		/						58		/				
9		(1)						59		/				
10		/						60		/				
11		/						61		/				
12		/						62		/				
13		/						63		/				
14		/						64		/				
15		/						65		/				
16		/						66		/				
17		/						67		/				
18		/						68		/				
19		(						69		/				
20		(						70						
21								71						
22		/						72						
23		/						73						
24		/						74						
25		/						75						
26		/						76						
27		/						77						
28		/						78						
29		/						79						
30		/						80						
31		/						81						
32		/						82						
33		/						83						
34		/						84						
35		/						85						
36		/						86						
37		/						87						
38		/						88						
39		/						89						
40		/						90						
41		/						91						
42		/						92						
43		/						93						
44		/						94						
45		/						95						
46		/						96						
47		/						97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.	⬇		⬇		⬇			TOTAL IND.	1	⬇		⬇		⬇
TOTAL DEP.	⬅		⬅		⬅			TOTAL DEP.	68	⬅		⬅		⬅
TOTAL CLAIMS								TOTAL CLAIMS	69					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)